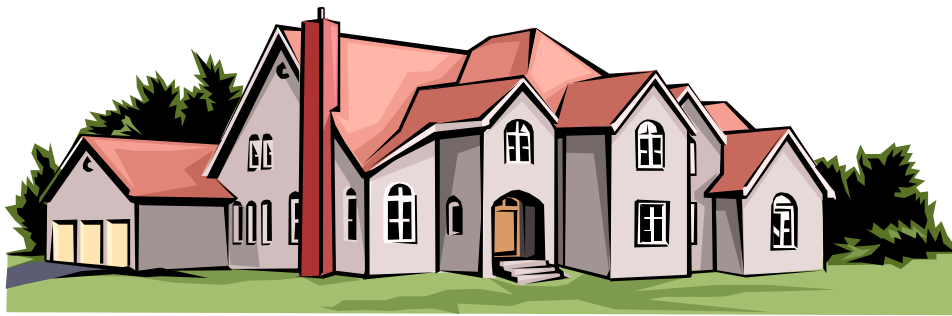


City of Durham

Department of Housing and Community Development



FY 2004-2005 HOME Loan Application For Funding

Department of Housing and Community Development
101 City Hall Plaza
Durham, NC 27701
(919) 560-4570
Fax (919) 560-4090
<http://www.ci.durham.nc.us>

**CITY OF DURHAM DEPARTMENT OF HOUSING AND
COMMUNITY DEVELOPMENT**

HOME PROGRAM APPLICATION INSTRUCTIONS

APPLICATION SUBMISSION PROCEDURE

This application must be completed if you are applying for funding from the HOME PROGRAM:

- **Application Deadline Is Friday, December 19, 2003 at 4:30 p.m.**

Applicants are required to answer each question and to fully complete all forms enclosed with this application. If additional space is needed to respond to any section, attach additional pages, clearly marking the section to which they relate.

Include all required attachments where indicated within the application. Attachments must be clearly identified so that a reviewer may easily access the necessary information. (No binders please.)

Submit one (1) original and three (3) copies of the application and all attachments to:

City of Durham Department of Housing and Community Development
Federal Programs Manager
101 City Hall Plaza
Durham, NC 27701

Questions may be directed to the Federal Programs Manager at (919) 560-4570.

ORGANIZING THE APPLICATION

The application consists of three parts: the **Standard Application** form; the **Project Detail** section; and the **Attachments**.

Standard Application Form Do not skip any sections. If you believe that a section does not apply to your project, mark "not applicable."

Project Detail Section This section requests information on the project primarily in narrative form. Responses should be clear and concise. The narrative responses and any applicable attachments requested should be provided behind the tab indicated for each item.

Attachments A brief description of the attachments for each tab is provided under the Tab Directory included in this application package. A “TAB CHECKLIST”, provided as a cover sheet, can be used as an index to ensure that you have included all the required and applicable attachments. The items marked with an asterisk (*) indicate that a Department-supplied form is provided; these forms are found in the Appendices.

PROGRAM DESCRIPTION

The HOME Investment Partnership program is funded by the U.S. Department of Housing and Urban Development. This program is designed to provide funding for affordable housing activities such as new construction, housing rehabilitation, housing acquisition/rehabilitation, or housing for special needs populations.

Eligible applicants include nonprofit organizations (including Community Housing Development Organizations or CHDOs), local housing authorities, for-profit developers, as well as other local and State agencies. Applicants must demonstrate the capacity and commitment to assume the long-term monitoring and record-keeping requirements of the HOME Program.

Funding for the HOME Program is awarded competitively. Applications are rated and then ranked against all other applications submitted.

Staff Contact: Shannon Pittman, Federal Programs Manager, via e-mail at spittman@ci.durham.nc.us or by calling (919) 560-4570.

HOME PROGRAM APPLICATION

PART 1

STANDARD APPLICATION

HOME PROGRAM
STANDARD APPLICATION

FILE NUMBER: _____ (assigned by DHCD)

I. REQUEST

<u>Program</u>	<u>Requested Amount</u>
<input type="checkbox"/> HOME PROGRAM	\$ _____
 <u>PURPOSE:</u>	
<input type="checkbox"/> Acquisition <input type="checkbox"/> Rehabilitation Only	
<input type="checkbox"/> Acquisition and Rehabilitation <input type="checkbox"/> New Construction	
<input type="checkbox"/> Other: (specify) _____	

II. PROJECT NAME AND LOCATION

Project Name: _____

Project Address: _____

City: _____ County: _____ Zip: _____

Census Tract #: _____

A. THE PROJECT/LOCATION IS:

Listed in National Register of Historic Places	<input type="checkbox"/> Yes <input type="checkbox"/> No	In a Qualified Census Tract	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listed in a Local Register of Historic Places	<input type="checkbox"/> Yes <input type="checkbox"/> No	In a Difficult to Develop Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within a Federal Historic District	<input type="checkbox"/> Yes <input type="checkbox"/> No	Within a Municipal Historic District	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. APPLICANT INFORMATION

A. TYPE OF APPLICANT

(Check all that apply)

- ☐ Applicant is an existing entity
- ☐ Applicant is a new entity being formed for the purpose of receiving financial assistance from DHCD.
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> For-Profit | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Local Housing Authority |
| <input type="checkbox"/> Municipality | <input type="checkbox"/> Individual(s) | <input type="checkbox"/> CHDO | <input type="checkbox"/> Current Owner |
| <input type="checkbox"/> Proposed Owner | <input type="checkbox"/> Developer | <input type="checkbox"/> Contractor | <input type="checkbox"/> Other: (specify) _____ |

III. APPLICANT INFORMATION (cont'd.)		
B. NAME AND ADDRESS OF APPLICANT		
Name: _____ Contact: (name) _____		
Address (no P.O. boxes): _____		Suite #: _____
Mailing Address (if different): _____		
City: _____	State: _____	Zip: _____
County: _____	Federal I.N.# _____	
E-mail address: _____		
Phone: () _____ Fax: () _____		
Is applicant delinquent on federal and/or state debt?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant received unresolved federal or State findings?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant delinquent on the filing of any federal or State tax returns?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If the answer to any of these questions is "yes", please attach an explanation.)</i>		
C. PRINCIPALS OF APPLICANT		
Managing General Partner: Name: _____		Ownership: _____%
Contact: _____		Phone: () _____
Address (no P.O. boxes): _____		Suite # _____
City: _____	State: _____	Zip: _____
Other General Partner(s): Name: _____		Ownership: _____%
Contact: _____		Phone: () _____
Address (no P.O. boxes): _____		Suite # _____
City: _____	State: _____	Zip: _____
Corporate Officers:	President: _____	Ownership: _____%
	Secretary: _____	Ownership: _____%
	Treasurer: _____	Ownership: _____%
	Other Officer: _____	Ownership: _____%

IV. CO-APPLICANT INFORMATION

Name: _____ Contact: (name) _____

Address (no P.O. boxes): _____ Suite #: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

County: _____ Federal I.N.# _____

E-mail address: _____

Phone: () _____ Fax: () _____

Is co-applicant delinquent on federal and/or state debt? ☐ Yes ☐ No

Has co-applicant received unresolved federal or State findings? ☐ Yes ☐ No

Is co-applicant delinquent on the filing of any federal or State tax returns? ☐ Yes ☐ No

(If the answer to any of these questions is "yes", please attach an explanation.)

V. EVIDENCE OF SITE OR PROPERTY CONTROL

☐ Warranty Deed (recorded) ☐ Contract for Deed ☐ Purchase Option ☐ In Escrow
☐ Earnest Money Contract ☐ Contract for Lease* ☐ Option to Lease* ☐ Letter of Intent

Expiration of Contract or Option: ____/____/____

Expiration of Feasibility Contingency: ____/____/____

Expiration of Financing Contract: ____/____/____

Anticipated Closing Date: ____/____/____

** must be a long-term lease*

VI. DESCRIPTION OF PROJECT				
A. TYPE				
(Check all that apply)				
<input type="checkbox"/> Multifamily Rental	<input type="checkbox"/> Residential Condominium	<input type="checkbox"/> Residential Cooperative		
<input type="checkbox"/> Townhouse Units	<input type="checkbox"/> Scattered Sites	<input type="checkbox"/> Mobile Homes		
<input type="checkbox"/> Single Floor (flats) Units	<input type="checkbox"/> Duplexes			
<input type="checkbox"/> Elderly Housing	<input type="checkbox"/> Congregate Care	<input type="checkbox"/> Self-Help Project		
<input type="checkbox"/> Transitional Housing <input type="checkbox"/> Emergency Shelter				
<input type="checkbox"/> Detached Single Family Residences on One Lot				
<input type="checkbox"/> Detached Single Family Residence Subdivision <input type="checkbox"/> Other: (specify) _____				
B. SITE DESCRIPTION				
Size: _____ acres _____ square feet Is the property zoned for intended use? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the present use of the property non-conforming under existing zoning restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the property in the process of rezoning? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current zoning (or describe permitted uses): _____				
Flood Zone Designation: _____				
Describe Topography: _____				

<u>Mark all proposed or existing off-site facilities</u>				
<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Storm Drains	<input type="checkbox"/> Water - public	<input type="checkbox"/> Water - private
<input type="checkbox"/> Sidewalks	<input type="checkbox"/> Street Lights	<input type="checkbox"/> Fire Hydrants	<input type="checkbox"/> Sewers-public	<input type="checkbox"/> Sewers-private
<input type="checkbox"/> Paved Streets	<input type="checkbox"/> Concrete Curbs	<input type="checkbox"/> Rolled Curbs	<input type="checkbox"/> Well	<input type="checkbox"/> Septic
Expected date of availability: ____/____/____				

VI. DESCRIPTION OF PROJECT (continued)**C. DESCRIPTION OF IMPROVEMENTS**

Total # Units: _____ # Buildings: _____ # Floors: _____ Age: _____ years

Current vacancies: _____ as of ____/____/____ # Program Units: _____

Net Residential Sq. Ft.: _____ Common Area Sq. Ft. _____

Non-Residential Sq. Ft.: _____ Gross Sq. Ft. _____

D. CONSTRUCTION SPECIFICATIONS

(Mark all applicable categories for both proposed and existing projects)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Steel Frame | <input type="checkbox"/> Masonry | <input type="checkbox"/> Poured-in-place Concrete |
| <input type="checkbox"/> Slab on Grade | <input type="checkbox"/> Post Tension Slab | <input type="checkbox"/> Pier & Beam Foundation | <input type="checkbox"/> Grade Beams |
| <input type="checkbox"/> Light Weight Concrete | <input type="checkbox"/> Masonry Veneer | <input type="checkbox"/> Common Brick | <input type="checkbox"/> Concrete Block |
| <input type="checkbox"/> Stone | <input type="checkbox"/> Plywood Exterior | <input type="checkbox"/> Hardboard Sheet Exterior | <input type="checkbox"/> Wood Siding |
| <input type="checkbox"/> Shingle Siding | <input type="checkbox"/> Stucco | <input type="checkbox"/> Wood Trim | <input type="checkbox"/> Composition Shingle Roof |
| <input type="checkbox"/> Built-up Rock Roof | <input type="checkbox"/> Wood Shingle Roof | <input type="checkbox"/> Wood Shake Roof | <input type="checkbox"/> Concrete Tile Roof |
| <input type="checkbox"/> Clay Tile Roof | <input type="checkbox"/> Galvanized Metal Roof | <input type="checkbox"/> Fiberglass Shingle Roof | <input type="checkbox"/> Drywall |
| <input type="checkbox"/> Plaster | <input type="checkbox"/> Forced Air Unit | <input type="checkbox"/> Central Heat & Air | <input type="checkbox"/> Heat Pump System |
| <input type="checkbox"/> Evaporative Cooling | <input type="checkbox"/> Window Air | <input type="checkbox"/> Thru-wall Air | <input type="checkbox"/> Wall Furnace |
| <input type="checkbox"/> Floor Furnace | <input type="checkbox"/> Baseboard Heating | <input type="checkbox"/> Radiant Ceiling Heat | <input type="checkbox"/> Manufactured Housing |
| <input type="checkbox"/> Other: (specify) _____ | | <input type="checkbox"/> Elevator(s): # of stops _____ # in project: _____ | |

E. INTERIOR FEATURES & SPECIFICATIONS

(Mark all applicable features for both proposed and existing projects)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Range & Oven | <input type="checkbox"/> Hood & Fan | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Microwave | <input type="checkbox"/> Washer & Dryer | <input type="checkbox"/> Wash/Dry Connections |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Individual Water Heaters | <input type="checkbox"/> Fireplaces # in project: _____ | <input type="checkbox"/> Carpeting |
| <input type="checkbox"/> Vinyl Flooring | <input type="checkbox"/> Other Flooring | <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Steel Tub |
| <input type="checkbox"/> Tub Enclosure | <input type="checkbox"/> Fiberglass Tub/Shower | <input type="checkbox"/> Stall Shower | <input type="checkbox"/> Tile Tub/Shower Walls |
| <input type="checkbox"/> Tile Counter Tops | <input type="checkbox"/> Laminated Counter Tops | <input type="checkbox"/> Cultured Marble Pullmans | <input type="checkbox"/> Monitored Security |

F. ON-SITE AMENITIES

(Mark all applicable facilities for both proposed and existing projects)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Community Room | <input type="checkbox"/> Recreation Room | <input type="checkbox"/> Crafts Room | <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> Common Dining | <input type="checkbox"/> Residential Kitchen | <input type="checkbox"/> Commercial Kitchen | <input type="checkbox"/> Volleyball Court |
| <input type="checkbox"/> Utility Room | <input type="checkbox"/> Public Rest Room | <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Basketball Court |
| <input type="checkbox"/> Children's Play Area | <input type="checkbox"/> Playground Equipment | <input type="checkbox"/> Monitored Security | <input type="checkbox"/> Pool & Decking #: _____ |
| <input type="checkbox"/> Daycare Facility | <input type="checkbox"/> Picnic Area | <input type="checkbox"/> Perimeter Fencing | |
| <input type="checkbox"/> Security Patrol | <input type="checkbox"/> Other: (specify) _____ | | |
| <input type="checkbox"/> Uncovered Parking # of spaces: _____ | | <input type="checkbox"/> Carports # of spaces: _____ | <input type="checkbox"/> Garages # of spaces: _____ |

VII. VALUATION INFORMATION	
A. APPRAISED VALUE	
Land Only: \$ _____	Date of Valuation: ____/____/____
Existing Building (as is): \$ _____	Date of Valuation: ____/____/____
Proposed Building (as completed): \$ _____	Date of Valuation: ____/____/____
Appraiser: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: () _____	
B. ASSESSED VALUE	
Land: \$ _____	Assessment for the Year of: _____
Building: \$ _____	Valuation by: _____
Total Assessed Value: \$ _____	

VIII. OTHER SOURCES OF FUNDS	
A. ALL OTHER SOURCES	
<i>(if additional space is necessary, attach information directly behind this page)</i>	
I. Source: _____ Contact: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: () _____ Type of Loan (use appropriate letter(s) from chart below): _____	
Principal Amount: \$ _____	Interest Rate: _____% Amortization: _____ yrs.
Term: _____ yrs. Payment Amount: \$ _____ Priority of Lien: _____	
Commitment Date: ____/____/____	

VIII. OTHER SOURCES OF FUNDS (continued)

II. Source: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Type of Loan (use appropriate letter(s) from chart below): _____

Principal Amount: \$ _____ Interest Rate: _____ % Amortization: _____ yrs.

Term: _____ yrs. Payment Amount: \$ _____ Priority of Lien: _____

Commitment Date: ____/____/____

III. Source: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Type of Loan (use appropriate letter(s) from chart below): _____

Principal Amount: \$ _____ Interest Rate: _____ % Amortization: _____ yrs.

Term: _____ yrs. Payment Amount: \$ _____ Priority of Lien: _____

Commitment Date: ____/____/____

IV. Source: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Type of Loan (use appropriate letter(s) from chart below): _____

Principal Amount: \$ _____ Interest Rate: _____ % Amortization: _____ yrs.

Term: _____ yrs. Payment Amount: \$ _____ Priority of Lien: _____

Commitment Date: ____/____/____

Designations for "Type of Loan" Entries

- A. Conventional Construction
- B. Conventional Permanent
- C. Conventional Gap
- D. Conventional Mini-Perm
- E. FHA
- F. HOME Program
- G. Private Funds
- H. CDBG Funds
- I. Bond Funds

- J. Proceeds from the Syndication of Low Income Housing Tax Credits
- K. Other State Funds: (specify) _____
- L. Other Federal Funds: (specify): _____
- M. Local Government Funds: (specify) _____
- N. Recourse
- O. Limited Recourse
- P. Non-Recourse

IX. SUPPORTIVE SERVICES

Are tenants currently provided with any supportive services? ☐ Yes ☐ No

Will supportive services be provided to tenants? ☐ Yes ☐ No Services are/will be: ☐ mandatory ☐ optional

Services are at tenant expense in excess of rent: ☐ Yes ☐ No Services are/will be: ☐ mandatory ☐ optional

Provide detailed information under Tab 17, as requested in Part 2 - Project Detail, Item VI.

X. DEVELOPMENT CONSULTANT

A consultant on behalf of the applicant prepared this application. ☐ Yes ☐ No

If yes, will the consultant also administer the proposed activity on behalf of the applicant? ☐ Yes ☐ No

Name of Consultant: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Attach the consultant's resume under Tab 10.

XI. DEVELOPMENT TEAM

A. Architect: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? ☐ Yes ☐ No

If yes, describe relationship(s) between entities and/or principals: _____

B. General Contractor: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? ☐ Yes ☐ No

If yes, describe relationship(s) between entities and/or principals: _____

C. Appraiser: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? ☐ Yes ☐ No

If yes, describe relationship(s) between entities and/or principals: _____

D. Engineer: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? ☐ Yes ☐ No

If yes, describe relationship(s) between entities and/or principals: _____

E. Cost Estimator: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? ☐ Yes ☐ No

If yes, describe relationship(s) between entities and/or principals: _____

XI. DEVELOPMENT TEAM (continued)

F. Project Attorney: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? ☐ Yes ☐ No

If yes, describe relationship(s) between entities and/or principals: _____

G. Project Accountant: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? ☐ Yes ☐ No

If yes, describe relationship(s) between entities and/or principals: _____

H. Property Manager: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? ☐ Yes ☐ No

If yes, describe relationship(s) between entities and/or principals: _____

I. Syndicator or Underwriter: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? ☐ Yes ☐ No

If yes, describe relationship(s) between entities and/or principals: _____

XII. CERTIFICATIONS

The undersigned applicant hereby makes application to the Durham Department of Housing and Community Development and agrees to the following certifications.

The undersigned applicant certifies that housing produced with the proceeds of the financial assistance will be made available to eligible households within the income and occupancy limits set by the Department for the specific program for a specified period.

The undersigned applicant agrees he/she will not discriminate against any person on the basis of race, color, national origin, sex, marital status, sexual orientation, physical or mental handicap or age in any aspect of the project and to comply with all federal, State and local laws regarding discrimination and equal opportunity in employment, housing and credit practices, including Titles VI and VII of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended, and the Governor's Code of Fair Practices, as amended, and will comply with the City's Equal Business Opportunity Program, as applicable. Copies of the EBO Program Guidelines will be provided to the applicant upon request.

The undersigned applicant certifies that no tenant living in any residential unit in the property to be rehabilitated has been forced to move by the applicant without cause in the twelve month period preceding the submission of this application and that no tenants will be forced to move without cause prior to award of the capital assistance except to rehabilitate the project in compliance with an approved relocation plan. Applicant further agrees to comply with the relocation requirements of the Department if any residential tenant is required to be temporarily or permanently displaced as a result of the rehabilitation undertaken pursuant to this financial assistance application. Copies of the Department's Relocation Policies will be supplied upon request.

The undersigned applicant represents and certifies that the project can be completed within the time schedule set forth herein. The undersigned further certifies that the information contained in this application and in any attachments in support hereof is true, correct and complete to the best of the applicant's knowledge and belief and agrees to notify the Department promptly in writing of any changes in this information, including any changes in the sources and uses of funding for the project. The undersigned agrees to immediately notify the Department of a cancellation of the project, or if the project will not be completed within the proposed time schedule.

Access to Public Records Act Notice and Waiver. Applicants should give specific attention to the identification of information furnished to the Department under this application which they deem confidential, commercial or financial information, proprietary information, or trade secrets and provide any justification of why this information should not be disclosed. Applicants are advised that, upon request from a third party, the Department is required to make an independent determination as to whether the information may or must be divulged to that party.

This information will be disclosed to appropriate staff of the Department or to public officials for purposes directly connected with the administration of the programs for which its use is intended. Such information may be shared with State, federal or local government agencies which have a financial role in the project.

XII. CERTIFICATIONS (cont'd.)

The undersigned applicant authorizes the Department to obtain credit information for the purpose of evaluating this application and to obtain verification of any of the information contained in this application from any source named herein.

The undersigned applicant agrees to at all times indemnify and hold harmless the Department against all losses, costs, damages, expenses and liabilities of any nature or kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement, amounts paid to discharge judgment, and any loss from judgment) arising out of, or related to acceptance, consideration, approval or disapproval of this application.

The undersigned applicant hereby certifies that the project proposed in this application can be developed in accordance with the development budget set forth herein and operated in accordance with the operating budget set forth herein.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this _____ day of _____, 20____.

(Legal Name of Applicant)

By: _____
(Signature)

(Name)

(Title)

Project Income and Expense Proforma
(First Year of Stabilized Operations)

RENT SCHEDULE

TYPE OF UNIT (*)	NUMBER OF UNITS	NUMBER OF BEDROOMS	NUMBER OF BATHS	UNIT SIZE IN SQ. FT.	TENANT CONTRIBUTION	TENANT PAID UTILITIES	RENT SUBSIDY	PROPOSED RENT PER UNIT
					\$	\$	\$	\$
Total Units:		Net Rental Square Feet:			Gross Monthly Rent:			\$

* Designate each unit as one or more of the following:

HO: Homeless

TC: LIHTC-qualified

LR: Low HOME rent

HR: High HOME Rent

OO: Owner Occupied

EO: Employee occupied

FU: Family unit

HD: Handicapped or disabled tenant

MR: Market rent

EL: Elderly

SRO: Common use unit

PB: Project-based Sec. 8 unit

OS: Other non-residential space

ANNUAL INCOME

POTENTIAL GROSS ANNUAL RENTAL INCOME	\$
Provision for Vacancy & Collection Loss	Percent of Potential Gross Income _____%
Rental Concessions	
Deduct for Employee and/or Other Non-Rental Units	Number of non-income units: _____
EFFECTIVE GROSS ANNUAL RENTAL INCOME	\$
Secondary Income	Income per unit per month: \$ _____
Other Non-Rental Income	Describe: _____
EFFECTIVE GROSS ANNUAL INCOME	\$

Project Income and Expense Proforma

<u>General & Administrative Expenses</u>			
Accounting	\$		
Advertising			
Legal fees			
Leased equipment			
Postage & office supplies			
Telephone			
Other office expenses			
Compliance fees			
Security			
Miscellaneous			
Total General & Administrative Expenses:			\$
Management Fees:	Percent of Effective Gross Income	_____ %	\$
Payroll, Payroll Tax & Employee Benefits			
Management	\$		
Maintenance			
Other: (describe) _____			
Total Payroll, Payroll Tax & Employee Benefits:			\$
<u>Repairs & Maintenance</u>			
Elevator	\$		
Exterminating			
Garbage/trash			
Grounds			
Repairs			
Pool			
Miscellaneous: (describe) _____			
Other: (describe) _____			
Total Repairs & Maintenance:			\$
<u>Utilities</u>			
Electrical	\$		
Natural gas			
Other Fuel (heat/water)			
Water & Sewer			
Cable TV			
Other: (describe) _____			
Total Utilities:			\$
Annual Insurance Premiums (all forms):	Rate per net rentable sq. ft.	\$	\$
Property Tax: Assessed Value: \$ _____	Tax Rate per \$100 of Assessment \$ _____		\$
Other Taxes: (describe) _____			
Reserve for Replacements:	Reserves per unit per month	\$	
Other Expenses: (describe) _____			
TOTAL ANNUAL EXPENSES		Expense per unit: \$	\$
NET OPERATING INCOME (before debt service)			\$

PROJECT PROFORMA

INCOME	RENT-UP YEAR	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 10
POTENTIAL GROSS ANNUAL RENTAL INCOME	\$	\$	\$	\$	\$	\$	\$
Provision for Vacancy & Collection Loss							
EFFECTIVE GROSS ANNUAL RENTAL INCOME	\$	\$	\$	\$	\$	\$	\$
Secondary – Non Rental Income							
EFFECTIVE GROSS ANNUAL INCOME	\$	\$	\$	\$	\$	\$	\$
EXPENSES							
General & Administrative Expenses	\$	\$	\$	\$	\$	\$	\$
Management Fee							
Payroll, Payroll Tax & Employee Benefits							
Repairs & Maintenance							
Utilities (electric & gas only)							
Utilities (water, sewer & trash only)							
Annual Insurance Premiums							
Property Tax							
Reserve for Replacements							
Other Expenses:							
TOTAL ANNUAL EXPENSES	\$	\$	\$	\$	\$	\$	\$
NET OPERATING INCOME	\$	\$	\$	\$	\$	\$	\$
DEBT SERVICING							
First Deed of Trust Annual Loan Payment	\$	\$	\$	\$	\$	\$	\$
Second Deed of Trust Annual Loan Payment							
Third Deed of Trust Annual Loan Payment							
Other Annual Loan Payment:							
NET CASH FLOW	\$	\$	\$	\$	\$	\$	\$
Debt Coverage Ratio							

SOURCES AND USES OF FUNDS SUMMARY

(From Detailed Development Budget)

SUMMARY OF SOURCES		
TYPE OF FINANCING		SOURCE
1	HOME Fund	\$
2	Transitional Housing Grant Program	
3	Housing Fund	
4	Other DHCD Program Loan(s)	
5	Cash Equity	
6	In-Kind Equity	
7	CDBG	
8	Other Federal Funds	
9	Other Loans or Grants:	
10		
11		
12		
13		
14		
TOTAL SOURCES		\$

SUMMARY OF USES		
CATEGORY		SOURCE
1	Acquisition Costs	\$
2	Construction/Rehabilitation Costs	
3	Fees Related to Construction/Rehabilitation	
4	Financing Fees & Charges	
TOTAL USES		\$

USES OF FUNDS DETAIL (Development Budget)			
CATEGORY	AMOUNT	SOURCE	TOTAL
1. ACQUISITION COSTS			
Existing Building Acquisition Cost	\$		
Land Acquisition			
Closing Costs & Acquisition Legal Fees			
Other:			
Total Acquisition Costs			\$
2. CONSTRUCTION/REHABILITATION COSTS			
Net Construction Costs	\$		
Builder's General Overhead			
Builder's Profit			
General Requirements			
Bond Premium			
Construction Contingency			
Other:			
Total Construction Costs			\$
3. FEES RELATED TO CONSTRUCTION /REHABILITATION			
Architectural - Design Fee	\$		
Architectural - Supervision Fee			
Engineering Fees			
Consultant's Fee			
Legal Fee			
Marketing			
Appraisal			
Survey			
Soil Borings			
Environmental Report			
Permit Fees			
Tap Fees			
Other:			
Other:			
Total Fees Related to Construction/Rehabilitation			\$

USES OF FUNDS DETAIL (continued)			
CATEGORY	AMOUNT	SOURCE	TOTAL
4. FINANCING FEES & CHARGES			
Interest during Construction	\$		
Real Estate Taxes during Construction			
Insurance Premium			
Mortgage Insurance Premium			
Title and Recording			
Financing (soft cost) Contingency			
CDA Legal Fee			
Other Lender's Legal Fee			
Other:			
Other:			
Total Financing Fees & Charges			\$

HOME APPLICATION

PART 2

PROJECT DETAIL

PART 2 PROJECT DETAIL

(Provide the narrative response and any attachments requested behind the Tabs as indicated)

I. Project Outline (TAB 12)

- A. Provide a brief description of the proposed activity, including the type of project or facility, the number of housing units or beds to be provided, and the target population the project will serve. If the project involves expanding an existing facility, identify how many units or beds currently exist and how many will be created using the funding applied for. Describe the proximity of basic services to the project site, such as police, fire, emergency, medical, public transportation and social services.
- B. Provide a detailed description of the policies, procedures and eligibility requirements you will implement for the proposed activity. (If applicable)
- C. Attach a copy of the proposed resident lease or agreement.

II. Needs Assessment (Tab 13)

- A. Describe the need for the proposed housing project in your area. Include information detailing existing housing and economic conditions. Summarize or cite evidence from public sources to document the need. Such documentation may include citations and references from the U.S. Census, the local Consolidated Plan, local or regional housing studies that refer to the target population, or newspaper articles.
- B. How does your organization intend to market the project?

III. Community Involvement and Impact (Tab 14)

- A. Explain how long and in what manner your organization has served the community in which the project will be located. Describe any support the proposed project has received from local governmental officials, neighborhood groups or community associations, public agencies and potential project residents and project neighbors. Attach copies of any evidence of such support.
- B. Describe how your project will contribute to the social, economic, or physical revitalization of the neighborhood or community in which it is located. Examples of a contribution may include collaboration with local officials in a community improvement or commercial area revitalization district program, or collaboration with a local social service provider to provide services that are currently unavailable to the community at large.

IV. Initiatives - (Tab 15)

- A. Describe why this project or program is innovative or cannot be undertaken with existing programs or funds.

V. Applicant Ability (Tab 16)

- A. Describe the objective, management structure and staffing of your organization. Explain your organization's experience and ability to implement, administer and manage affordable housing projects. Describe your ability and plan to satisfy all long-term monitoring and reporting requirements required by state and federal regulations.
- B. Provide a schedule of any facilities that you currently operate. Include information such as location, type of project, number of persons served, and length of years in operation.
- C. Indicate those members of your organization's Board who have experience in affordable housing projects, and in particular the type of activity for which you are applying for funding. What were their respective roles in past projects?

VI. Supportive Services (Tab 17)

- A. What supportive services does your project plan to provide to its residents or clients served?
- B. Describe the procedures for screening, intake and orientation of potential clients or residents. Describe how new clients and residents are assessed in order to determine their supportive service needs. Explain how the supportive services will help the client or resident move toward self-sufficiency. Describe the policies or procedures for discharge and for follow-up aftercare.
- C. If services are to be provided, list the service agencies currently under contract and attach a copy of the agreement(s). If there is no contractual agreement, attach a letter from the service provider explaining what services they will be providing to the clients or residents of the project. List the following information for all supportive service providers: name of service provider; address; telephone number; if service is offered on-site or off-site, and type of service to be provided.

VII. Set-Aside Income Category

Please indicate the number and percentage of units set aside for each income category in the table below.

Description	# of Units	% of Total
Number of assisted units occupied by tenants at 61-80% of median income		
Number of assisted units occupied by tenants at 31-60% of median income		
Number of assisted units occupied by tenants at 30% and below of median income		
Number of assisted units occupied by tenants who are of the special needs population		
Total	Units	Units

VIII. Accessibility Requirements (Tab 18)

A minimum of 5% of the project units (no less than one unit) and 100% of the common areas must be fully wheelchair accessible as defined by the Uniform Federal Accessibility Standards. Describe the number of units to be set-aside to meet the accessibility requirements and any features of the project that will promote accessibility for people with physical disabilities, such as ramps, doorways, hallways, bathrooms, elevators, hardware and fixtures, signage in Braille, TTD's or TTY's, or audio/visual emergency systems.

HOME APPLICATION

PART 3

DESCRIPTION OF ATTACHMENTS

PART 3 DESCRIPTION OF ATTACHMENTS

Tab 1 Corporate Resolution*, Incumbency Certificate*, Contract Affidavit* Assurance of Compliance with EEO...and other Requirements*, Articles of Incorporation and By-Laws.

This material provides the Department with information to determine that the applicant has the legal authority to apply for funding for the proposed project.

Tab 2 501(c)(3) designation letter (*not applicable for units of local government*), List of the Board of Directors, and Financial Statements for the past two years (if year-end statements are more than six months old, provide interim statements).

This is additional documentation supporting the applicant's legal, financial and administrative capacity to undertake the proposed activity.

Tab 3 Location map, color photos, and directions to the site from the nearest interstate and/or interchange.

Mark the site clearly on the location map. Also highlight any area amenities, such as schools, parks, shopping and public transportation.

Tab 4 Evidence of site control

Provide evidence of site control in the form of a deed, contract of sale, lease with purchase option or other form acceptable to the Department.

Tab 5 Evidence of proper zoning.

Provide a letter from the local zoning office indicating that the project is properly zoned for its intended use. If a zoning change, variance or exception is required, provide documentation from the local zoning office describing the required approval process and provide a detailed schedule for obtaining the approval.

Tab 6 - Preliminary Plans and Specifications, CDA Form 212 - Summary Cost Estimates, and Evidence of Availability of Utilities.

- *Preliminary plans and specifications, including: site plan showing all existing structures on the site, and the location of proposed structures; elevation drawings of the front, rear and one side of all proposed buildings; schematic floor plans at 1/8 inch or 1/4 inch scale indicating the proposed layout for each floor; typical unit layouts at 1/4 inch scale indicating room dimensions, equipment location, and any special features; and, outline specifications or summary scope of work providing a brief description of the planned construction methods and materials to be used.*
- *CDA Form 212* - Summary Construction Cost Estimate*

- *Provide a letter from the respective utility providers evidencing the availability of public utilities, including water, sewer, electricity and other utilities as required.*

Tab 7 Project Work Schedule

A schedule showing projected time frames for the commencement and completion of each stage of the development period (including planning, construction, and occupancy).

Tab 8 Evidence of Capital Financing Commitments

Documentation (letters of commitment or interest) from the other capital financing sources necessary to undertake the proposed activity. This information should include a contact name and phone number, and the amount, rate, terms and conditions of the financing. Also include any letters evidencing gifts of trade, craft or professional services made to the project.

Tab 9 Evidence of Operating Funds

Documentation (letters of commitment, contractual agreements) from identified sources of funds necessary to implement and operate your project. This information should include a contact name and phone number, and the amount, length of availability of funding and any restrictions on the use of the funds.

Tab 10 Development Team Resumes or Corporate Profiles

Provide information on all members of the Development Team identified in the application. Also provide copies of any executed contracts with any member of the development team for which a contractual agreement exists.

Tab 11 Relocation/Displacement Plan (if applicable)

If the project involves rehabilitation of occupied housing, you must attach a plan that fully addresses the procedures you will implement to temporarily or permanently relocate tenants during the rehabilitation. Provide details on all costs you will pay and expenses for which the tenants will be reimbursed.

**The following items refer to the information requested
in Part II - Project Detail Section**

Tab 12 Project Outline

Provide a narrative response and a copy of the proposed resident lease or agreement.

Tab 13 Needs Assessment

Provide a narrative response and any applicable attachments in support of the need for your project.

Tab 14 Community Involvement and Impact

Provide a narrative response and copies of any letters of support from local organizations or community associations or neighborhood groups who may be affected by the proposed project.

Tab 15 Initiatives Information

Provide a narrative response.

Tab 16 Applicant Ability

Provide information on the structure, experience and capacity of your organization. Provide a schedule of facilities currently operated. Provide information on members of your Board with experience in affordable housing.

Tab 17 Supportive Services

Describe the supportive services you will provide to your clients or residents, as well as the intake, assessment and referral procedures. Attach copies of agreements with supportive service providers.

Tab 18 Accessibility Requirements

Provide information on how your project will meet the accessibility requirements.

HOME Application Certification

I certify that the application submitted for City of Durham HOME funds is accurate and complete to the best of my knowledge and belief. If HOME funds are awarded for the activities presented in this application, I will comply with the necessary certifications and assurances required by the City of Durham and HUD.

Name of Agency

Signature of Authorized Official

Date

Print Name of Authorized Official

Date

Address

City/State/Zip Code

Telephone Number

Fax Number

E-Mail Address

Conflict of Interest

24CFR92.356

- a. **Applicability.** In the procurement of property and services by participating jurisdictions, State recipients, and subrecipients, the conflict of interest provisions in 24 CFR 85.36 and 24 CFR 84.42, respectively, apply. In all cases not governed by 24 CFR 85.36 and 24 CFR 84.42, the provisions of this section apply.
- b. **Conflicts prohibited.** No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a HOME-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.
- c. **Persons covered.** The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the participating jurisdiction, State recipient, or subrecipient which are receiving HOME funds.
- d. **Exceptions: Threshold requirements.** Upon the written request of the participating jurisdiction, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it determines that the exception will serve to further the purposes of the HOME Investment Partnerships Program and the effective and efficient administration of the participating jurisdiction's program or project. An exception may be considered only after the participating jurisdiction has provided the following:
 1. A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and
 2. An opinion of the participating jurisdiction's or State recipient's attorney that the interest for which the exception is sought would not violate State or local law.
- e. **Factors to be considered for exceptions.** In determining whether to grant a requested exception after the participating jurisdiction has satisfactorily met the requirements of paragraph (d) of this section, HUD will consider the cumulative effect of the following factors, where applicable:
 1. Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project which would otherwise not be available;
 2. Whether the person affected is a member of a group or class of low-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
 3. Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted activity in question;

4. Whether the interest or benefit was present before the affected person was in a position as described in paragraph (c) of this section;
5. Whether undue hardship will result either to the participating jurisdiction or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
6. Any other relevant considerations.

f. Owners and Developers.

1. No owner, developer or sponsor of a project assisted with HOME funds (or officer, employee, agent or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer or sponsor) may occupy a HOME-assisted affordable housing unit in a project. This provision does not apply to an individual who receives HOME funds to acquire or rehabilitate his or her principal residence or to an employee or agent of the owner or developer of a rental housing project who occupies a housing unit as the project manager or maintenance worker.
2. Exceptions. Upon written request of a housing owner or developer, the participating jurisdiction (or State recipient, if authorized by the State participating jurisdiction) may grant an exception to the provisions of paragraph (f)(1) of this section on a case-by-case basis when it determines that the exception will serve to further the purposes of the HOME program and the effective and efficient administration of the owner's or developer's HOME-assisted project. In determining whether to grant a requested exception, the participating jurisdiction shall consider the following factors:
 - i. Whether the person receiving the benefit is a member of a group or class of low-income persons intended to be the beneficiaries of the assisted housing, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
 - ii. Whether the person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted housing in question;
 - iii. Whether the tenant protection requirements of 92.253 are being observed;
 - iv. Whether the affirmative marketing requirements of 92.351 are being observed and followed; and
 - v. Any other factor relevant to the participating jurisdiction's determination, including the timing of the requested exception.

Non-Conflict of Interest Certification

I certify that I am complying with the conflict of interest provision of 24 CFR Part 92.

I further understand and agree that in the event that such conflict of interest is determined to exist, my application may be rejected. I also understand that I may be required to return any HOME funds previously awarded by the City of Durham.

Applicant's Signature

Date

Certifications and Compliance Requirements

I hereby acknowledge that the regulations, public laws and local ordinances that follow may be applicable to the ultimate use of HOME funds for which I am applying and that I will adhere to those that are determined to be applicable.

Applicant's Signature

Date

1. 24 CFR Part 85 Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally recognized Indian Tribal Governments.
2. Davis-Bacon Act, as amended (40 U.S.C. 276a-276a-7), and as supplemented by Department of Labor regulations (29 CFR, Part 5).
3. Sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), as supplemented by the Department of Labor regulations (29CFR, Part 5).
4. Title VI of the Civil Rights Act of 1964 (PL88-352) and regulations issued pursuant thereto (24 CFR Part 1) on nondiscrimination in Federally assisted programs.
5. Section 109 of the Housing and Community Development Act of 1974 and regulations issued pursuant thereto (24 CFR Part 570.612 et seq., known as subpart K).
6. Executive Order 11246 and the regulations issued pursuant thereto (24 CFR Part 130 and 41 CFR Chapter 60) on nondiscrimination in employment.
7. Copeland "Anti-Kick Back" Act (18 U.S.C. 874).
8. Section 3 of the Housing and Urban Development Act of 1968, as amended for training and employment of lower-income residents of projected areas and awarding of contracts.
9. Lead-based Paint Poisoning Prohibition (PL91-695).
10. North Carolina General Statutes 143-128 et seq.
11. Hatch Act (5 U.S.C. 1501-1508).
12. Building design, construction or alteration must comply with "American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped" (#A-117.1-R 1971).
13. Executive Order 11296 relating to evaluation of flood hazard.
14. Title VIII of the Civil Rights Act of 1968 (PL 90-284), as amended Fair Housing Policy.
15. Executive Order 11063 on equal opportunity in housing and nondiscrimination.
16. Section 306 of the Clean Air Act (42 U.S.C. 1857(h))
17. Environmental Protection Agency regulations (40 CFR, Part 15).
18. Age Discrimination Act of 1967, as amended.
19. The Rehabilitation Act of 1973, as amended, Sections 503 and 504, which prohibits discrimination against the handicapped.

20. City of Durham's Disadvantaged Business Enterprise Plan.
21. OMB Circular A-122 "Cost Principles for Non-Profit Organizations"
22. Treasury Circular 1075 relating to the use of Community Development funds within 72 hours after drawdown.
23. Community Development Administrative Regulations 24 CFR 570.
24. N. C. Fair Housing Law.
25. City of Durham Fair Housing Law.
26. OMB Circular A-133 "Audits of States, Local Governments and Nonprofit Organizations. "

CITY OF DURHAM
DEPARTMENT OF HOUSING & COMMUNITY
DEVELOPMENT
2003 MEDIAN FAMILY INCOME CHART
MEDIAN FAMILY INCOME-CITY/COUNTY DURHAM

Effective: February 20, 2003

<u>FAMILY</u> SIZE	25%	30%	40%	50%	60%	80%	100%
1	12,500	14,950	19,950	24,950	29,950	39,950	49,900
2	14,250	17,100	22,800	28,500	34,250	45,650	57,050
3	16,050	19,250	25,650	32,100	38,500	51,350	64,200
4	17,850	21,400	28,500	35,650	42,800	57,050	71,300
5	19,250	23,100	30,800	38,500	46,200	61,600	77,000
6	20,700	24,800	33,100	41,350	49,600	66,150	82,700
7	22,100	26,500	35,350	44,200	53,050	70,750	88,400
8	23,550	28,250	37,650	47,050	56,450	75,300	94,100

Based on U.S. Department of Housing and Urban Development Income Limits for Section 8 Programs and Median Family Income for Raleigh/Durham/Chapel Hill, North Carolina.

FY 2003